July 2009
AACN expands annual faculty vacancy survey beyond member schools to include all institutions with baccalaureate and/or graduate nursing programs.

August 2009
The Robert Wood Johnson Foundation awards $7 million in scholarship funding to accelerated nursing students through the AACN-administered New Careers in Nursing program.

September 2009
Five new doctoral program students were selected to receive funding through the Johnson & Johnson Campaign for Nursing’s Future – AACN Minority Nurse Faculty Scholars Program.

October 2009
The Gordon and Betty Moore Foundation award $250,000 to AACN to present a QSEN faculty development institute in San Francisco in June 2010.

November 2009
HHS Secretary Kathleen Sebelius gives the keynote address at AACN’s 40th Anniversary Celebration and Fall Meeting held in Washington, DC.

December 2009
The John A. Hartford Foundation awards a $647,000 grant to AACN to fund a two-year initiative focused on assisting nurse faculty in preparing APRNs to care for older adults.

January 2010
AACN issues a strong statement of support for a new report from the Carnegie Foundation calling for a more highly educated nursing workforce.

February 2010
AACN President Fay Raines presents testimony at the Institute of Medicine public hearing on the Future of Nursing in Houston, TX.

March 2010
AACN and the Jonas Center for Nursing Excellence host the inaugural Student Policy Summit in Washington, DC, which attracts an enthusiastic crowd of students interested in health policy.

April 2010
AACN launches the nation’s first centralized application service – NursingCAS – for applicants to all types of entry-level nursing programs.

May 2010
The Tri-Council for Nursing issues a consensus statement calling for all RNs to advance their education in the interest of enhancing quality and safety across healthcare settings.

June 2010
The Department of Veterans Affairs joins with the End-of-Life Nursing Education Consortium to launch a three-year program to improve palliative care for veterans.
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 650 public and private institutions, AACN is the national voice for baccalaureate- and graduate-degree nursing education programs.

Our Mission

The American Association of Colleges of Nursing, a unique asset for the nation, serves the public interest by setting standards, providing resources, and developing the leadership capacity of member schools to advance nursing education, research, and practice.

Our Vision for AACN

By 2020, as a driving force for quality health care, AACN will leverage member schools in meeting the demand for innovation and leadership in nursing education, research, and practice.

Our Vision for the Profession

In 2020, highly educated and diverse nursing professionals will lead the delivery of quality health care and the generation of new knowledge to improve health and the delivery of care services.

This report highlights the association's FY 2010 initiatives to help member schools meet the nation's demand for innovative and expanded nursing care.
Letter from the President and Chief Executive Officer

Contemplating the Future of Nursing

“Moving to create a more highly educated nursing workforce is in the best interest of the patients we serve. The new Carnegie report provides a clear blueprint for the important work that must occur to transform how nurses are prepared for contemporary practice and leadership roles. AACN stands ready to help move this agenda forward by working collaboratively with all stakeholders interested in striving for excellence and advancing the nursing profession with the goal of improving patient care.”

The excerpt above was taken from AACN’s statement issued in response to Dr. Patricia Benner’s landmark report for the Carnegie Foundation for the Advancement of Teaching titled Educating Nurses: A Call for Radical Transformation. The bold recommendations outlined in the report echo AACN’s calls to raise the education level of registered nurses. The authors found that many of today’s new nurses are “undereducated” to meet practice demands across settings. Their strong support for high quality baccalaureate programs as the appropriate pathway for RNs entering the profession is consistent with AACN’s vision for nursing.

Since this report was released in January 2010, the Tri-Council for Nursing issued a policy statement on the Educational Advancement of Registered Nurses, which also underscored the connection between quality care and education. The Tri-Council organizations reached consensus that “a more highly educated nursing profession is no longer a preferred future; it is a necessary future in order to meet the nursing needs of the nation and to deliver effective and safe care.” Taken together, these reports signal that the time is right for the profession to look beyond divisive arguments about minimal education standards and collectively seek solutions for preparing more nurses in baccalaureate and higher degree programs.

With the recent release of the Institute of Medicine’s report on the Future of Nursing, the national conversations regarding nursing education are accelerating. The Robert Wood Johnson Foundation is moving quickly to advance the recommendations and vision outlined in the report. As this work progresses and the drumbeat to raise educational requirements gets louder, AACN will be there to facilitate the expansion and evolution of professional nursing education on behalf of our member institutions.

Kathleen Potempa, PhD, RN, FAAN
President

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

Findings published in the 2009 State of the Schools are based on responses from 683 (87.7%) of the nation’s nursing schools with baccalaureate and graduate programs that were surveyed in fall 2009. Data reflect actual counts; projections are not used.

Highlights from AACN’s 2009 Annual Survey

■ Applications & Acceptance Rate: In the 2009-2010 academic year, 208,784 completed applications were received for entry-level baccalaureate nursing programs with 130,601 meeting admission criteria and 87,620 applications accepted. These data translate into an acceptance rate of 42.0%.

■ Total Enrollment: The AACN survey found that total enrollment in all nursing programs leading to the baccalaureate degree was 214,533, an increase from 201,407 in 2008. Within this student population, 151,378 students were enrolled in entry-level baccalaureate programs, and 63,155 were enrolled in RN-to-baccalaureate programs. At the graduate level, 77,146 students were enrolled in master’s programs, and 9,342 were pursuing doctorates (Figure 1).

■ Students Turned Away: Though interest in baccalaureate and graduate nursing programs is strong, thousands of qualified applicants are being turned away from four-year colleges and universities. In 2009, 54,991 qualified applications were not accepted at schools of nursing due primarily to a shortage of faculty, insufficient clinical sites, and resource constraints. Within this total, applications turned away include 42,981 from entry-level baccalaureate, 2,475 from RN-to-baccalaureate, 8,491 from master’s, and 1,044 from doctoral programs (Figure 2).

■ Entry-Level Baccalaureate Programs: For the ninth consecutive year, enrollment increased in entry-level baccalaureate nursing programs with the total student...
population growing 3.6% in the same schools over the previous year. Graduations from these programs also increased by 3.9% this year (Figure 3).

- **Master's Programs**: Increases were also realized in master's level nursing programs with enrollments up 11.4%, and graduations up by 10.7% from 2008 to 2009.

- **Student Diversity**: Representation of students from minority backgrounds climbed in all types of nursing programs last year, growing to 26.3% in entry-level baccalaureate programs, 25.6% in master’s programs, and 23.0% in research-focused doctoral programs (Figure 4).

- **Men in Nursing**: Though men represent only 6.6% of the U.S. nursing workforce, the percentages of men in baccalaureate and master’s nursing programs are 10.8% and 9.1%, respectively. At the doctoral level, 7.3% of students in research-focused programs and 8.1% of students in practice-focused programs are men.

- **Accelerated Programs**: Accelerated nursing programs continue to be an important pathway into nursing for individuals with degrees in other fields who are looking to change careers. Last year, 12 new accelerated baccalaureate programs were launched, bringing the nationwide total to 230 programs. In fall 2009, 11,930 students were enrolled in these programs and 7,444 students graduated (226 programs reporting). In the 65 accelerated master’s degree programs now available, 5,385 students were enrolled, and 1,562 students graduated in 2009.

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**FIGURE 3: PERCENTAGE CHANGE IN ENROLLMENTS IN ENTRY-LEVEL BACCALAUREATE NURSING PROGRAMS: 1994-2009**

SOURCE: American Association of Colleges of Nursing, Research and Data Center, 1994-2009. AACN is not responsible for reporting errors by respondent institutions.
Degree Completion Programs: From 2008 to 2009, enrollment in RN-to-baccalaureate programs increased by 12.8%, which marks the seventh year of enrollment growth. Currently, 664 RN-to-baccalaureate and 172 RN-to-master’s degree programs are available nationwide with many programs offered completely online.

Clinical Nurse Leader: The national movement to advance the emerging Clinical Nurse Leader® (CNL) role gained momentum last year with the total number of programs increasing to 83. In 2009, 1,808 students were enrolled in these master’s level programs, and 499 new CNLs graduated.

Baccalaureate-to-Doctoral Programs: Designed to provide an efficient pathway into doctoral education for new graduates, 105 baccalaureate-to-doctoral programs are now available, up from 72 programs in 2008. An additional 54 programs are under development.

Snapshot of the Nurse Faculty Population

In fall 2009, the total full-time faculty population in baccalaureate and higher degree programs reached 14,595 (669 schools reporting).

As a group, nursing faculty are rapidly aging. Specifically, the average age of doctorally-prepared faculty by rank was 60.1 years for professors, 56.9 years for associate professors, and 52.1 years for assistant professors (Figure 5).

Only 11.5% of full-time faculty come from racial/ethnic minority groups; only 5.1% are male.

In terms of educational preparation, 43.0% of nursing school faculty are doctorally prepared with 29.1% holding nursing doctorates, and 13.9% holding doctorates in related disciplines.

AACN Data Collection

Now in its 29th year, AACN’s annual survey compiles data and information that forms the basis for the nation’s premier database on trends in nursing school enrollment and graduations, student and faculty demographics, and faculty and deans’ salaries. With a focus on baccalaureate and higher degree programs, these data are essential for policymaking at the local, state, and federal levels as well as for benchmarking by participating institutions. Complete results from the 2009 survey were compiled in three separate reports:

- 2009-2010 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing
- 2009-2010 Salaries of Instructional and Administrative Nursing Faculty in Baccalaureate and Graduate Programs in Nursing
- 2009-2010 Salaries of Deans in Baccalaureate and Graduate Programs in Nursing

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

FIGURE 4: Racial/Ethnic Diversity in Nursing Education Programs, Fall 2009

<table>
<thead>
<tr>
<th>Enrollment in Entry-Level Baccalaureate Programs</th>
<th>587 Schools Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.7%</td>
</tr>
<tr>
<td>Asian/Hawaiian/Pacific Islander</td>
<td>8.0%</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>11.1%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>6.5%</td>
</tr>
<tr>
<td>White</td>
<td>73.7%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Enrollment in Master’s Programs</th>
<th>468 Schools Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaskan Native</td>
<td>0.7%</td>
</tr>
<tr>
<td>Asian/Hawaiian/Pacific Islander</td>
<td>7.4%</td>
</tr>
<tr>
<td>Black or African-American</td>
<td>12.6%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>4.8%</td>
</tr>
<tr>
<td>White</td>
<td>74.4%</td>
</tr>
</tbody>
</table>

SOURCE: American Association of Colleges of Nursing. 2009-2010 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing.
In addition to the annual survey, AACN also leads these annual data collection efforts:

- **Financial Benchmarking Survey**: Developed in response to member requests, this survey collects key financial data on revenues and expenditures from member nursing programs. Survey findings can be combined with AACN student and faculty data to identify numerous benchmarking measures. Data are made available free of charge to participating schools.

- **Annual Faculty Vacancy Survey**: Each July, AACN’s Research and Data Center collects data on budgeted but unfilled full-time faculty positions by rank, tenure, and level of teaching. Results are used to inform policymakers and other stakeholders about the faculty shortage.

- **Faculty and Doctoral Student Roster Survey**: This survey collects data on full-time faculty and doctoral students at the individual level regarding demographics, education, and employment. Data on more than 10,000 faculty and 5,000 doctoral students have been compiled through this effort. Participating schools can generate free reports on faculty distribution by rank, tenure, degree, race/ethnicity, or gender.

### Age of Full-Time Nurse Faculty in 667 Institutions, 2009-2010 (Valid N=14,543)

![Bar chart showing age distribution of full-time nurse faculty](chart.png)

**Source:** American Association of Colleges of Nursing, Research and Data Center, 2009. AACN is not responsible for reporting errors by respondent institutions.
A Focus on Doctoral Education

AACN survey data showed that enrollment in doctoral nursing programs increased by more than 20% this year, signaling strong interest among students in careers as nursing scientists, faculty, primary care providers, and specialists.

Progress Toward 2015

In October 2004, AACN member schools voted to endorse the Position Statement on the Practice Doctorate in Nursing, which called for moving the level of preparation for advanced nursing practice from the master’s to the doctoral degree by the goal date of 2015. At the midway point to this goal, nursing schools have made great strides toward realizing this vision:

- Doctor of Nursing Practice (DNP) programs are now available in 35 states
- 28 new DNP programs opened in 2009, bringing the total number of programs to 120
- An additional 161 DNP programs are in the planning stages
- 72% of schools with advanced practice programs are either offering or planning a DNP

“The stunning growth in the number of DNP programs is truly impressive, as we are only at the midway point in realizing the 2015 vision for advanced nursing education. AACN stands ready to focus its efforts on influencing policymakers, advocating for resources, and developing tools to support schools committed to making this transition.”

Dr. Fay Raines, The University of Alabama at Huntsville, AACN President 2008-2010

Growth in PhD Programs

The number of research-focused doctoral programs (e.g., PhD, DNS) climbed to 120 programs in 2009 with an additional 8 programs in development. Despite concerns about the growth in DNP program diminishing interest in the PhD, AACN data clearly shows that both the number of PhD programs and students enrolling in these programs are rising. In 2009, enrollment in research-focused doctorates increased by 5.1% or 201 students, the largest increase in 4 years (Figures 5 and 6).
Transforming Nursing Education

Ensuring a Smooth Transition for Baccalaureate Graduates

Developed with the University HealthSystem Consortium (UHC), the UHC-AACN Post-Baccalaureate Nurse Residency Program is designed to effectively support new nurses as they transition into their first professional roles. The program is built on an evidence-based curriculum using the AACN Baccalaureate Essentials and meets national residency accreditation standards. Graduates of this one-year program can expect to develop effective decision-making abilities related to clinical judgment and performance; gain clinical autonomy at the point of patient care; be able to incorporate research-based evidence into their practices to advance high-quality nursing; formulate individual development plans for career progression; and strengthen their commitment to a career in nursing.

The latest data from the residency project show that the turnover rate of residency graduates declined for the sixth consecutive year. With 62 residency sites active in 28 states, the retention rate of first-year baccalaureate graduates was on average 95.6% at residency sites, which is significantly higher than the national average (72.9%). Nurses completing the residency also reported higher levels of confidence, competence, and perceived ability to organize their work and communicate.

Re-envisioning Master’s Education

AACN’s Task Force on The Essentials of Master’s Education in Nursing moved forward this year with its work to develop a document that delineates the outcomes that should be acquired upon graduation from a master’s-level nursing program. The current Master’s Essentials was published in 1996 and in need of updating to better prepare nurses for today’s practice. Chaired by Dr. Joanne Warner from the University of Portland, the task force used a national consensus-building process to complete this work, which included holding four regional forums to collect stakeholder feedback in Baltimore, Chicago, San Diego, and New Orleans. Numerous drafts of the Essentials were published on the Web for review following comments received at the forums and through national teleconferences. As the process continues through 2011, stakeholders will have multiple opportunities to review and provide feedback on the Master’s Essentials draft as it develops.

Defining Quality in PhD Programs

Chaired by Dr. Jackie Dunbar-Jacob from the University of Pittsburgh, the Task Force on the Research-Focused Doctorate in Nursing was charged to develop a preferred vision for the research-focused doctoral degree and program graduates. To complete this work, the task force used an 18-month process to collect feedback on a variety of critical issues, including what constitutes excellence in PhD programs, what resources are needed to sustain a research-focused doctorate, and how best to retain bright new nursing graduates in doctoral programs and encourage careers in nursing research. By the end of the fiscal year, the task force finished its final report, which clearly outlines expected outcomes and curricular elements in both PhD and post-doctoral nursing programs. Special attention was given to increasing diversity in the doctoral student population and articulating educational pathways for future nursing scientists. The task force report will go forward for endorsement by the AACN membership in Fall 2010.
Evidence of Success: The Clinical Nurse Leader

AACN continued its work this year to advance the Clinical Nurse Leader (CNL®), the first new nursing role in 35 years. Prepared at the master’s level, CNLs oversee the care coordination for patients, assess risks, develop quality improvement strategies, facilitate team communication, and implement evidence-based solutions at the point of care. A wide variety of practice sites nationwide are moving to restructure their systems to accommodate the CNL as a way to engage skilled clinicians in outcomes-based practice and systems redesign. In fact, the Veterans Health Administration, the nation’s largest employer of RNs, is moving to introduce CNLs into all VA facilities by 2016.

The CNL role is being implemented through education and practice partnerships involving more than 210 practice settings and 109 nursing schools in 39 states plus Puerto Rico. More than 80 master’s-level CNL programs are enrolling students with several new programs under development. By the end of the fiscal year, more than 1,000 program graduates completed the certification process developed by the Commission on Nurse Certification and are now certified CNLs.

Efforts are underway on many fronts to collect outcome data on CNL practice. At the CNL Summit in San Diego in January 2010, practice settings from across the nation presented evidence showing the benefits of introducing CNLs into their systems. Among the findings shared at this meeting and in journal articles are the following:

- CNLs are quickly making significant progress on reducing hospital readmissions; raising patient, nurse, and physician satisfaction; improving care outcomes; and realizing sizable cost-savings.
- CNLs elevate the level of practice for all nurses on the unit by promoting critical thinking and innovation in nursing care. CNLs empower other nurses to ask questions and seek the best solutions possible.
- CNLs are essential to decreasing fragmented care and are prized for their expertise in enhancing communication, improving care hand-offs, and laterally integrating care.
- CNLs constructively manage change and promote a team-based approach to care.
- CNLs look at the bigger picture, including risks, quality outcomes, and patient satisfaction, when considering next steps, needed changes, and improvements to the setting.

To find out more about the latest developments related to the Clinical Nurse Leader including a bibliography detailing the latest research on the impact of this role and innovations related to CNL certification, see http://www.aacn.nche.edu/cnl.
Quality Initiatives

Advancing the APRN Consensus Model

This year, AACN worked closely with the network of Licensure, Accreditation, Certification, and Education (LACE) organizations to advance the recommendations in the Consensus Model for APRN Regulation. Endorsed by AACN and leading advanced practice organizations, this model defines the Advanced Practice Registered Nurse (APRN), describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation. This content is discussed in the context of the four APRN roles: certified registered nurse anesthetist, certified nurse-midwife, clinical nurse specialist, and certified nurse practitioner. The LACE network was formed by stakeholders to enhance communication about APRN regulatory issues and facilitate implementation of the model. See http://www.aacn.nche.edu/Education/pdf/LACE_FAQ.pdf.

Partnering with the Dartmouth Institute

In May 2010, AACN joined with the Dartmouth Institute for Health Policy and Clinical Practice to offer the inaugural Microsystems Academy. This program was designed for all graduate nursing faculty and their clinical partners to learn and practice quality, safety, and microsystem development. Learning materials and support included Web-based sessions, interactive Web modules, an on-site meeting in New Hampshire, textbooks and worksheets, individual coaching and advice, and office hours for support and encouragement. Response to the inaugural Academy was robust, and organizers are considering offering a second academy and/or delivering this content in alternate ways.

Advancing the APRN Consensus Model

In February 2010, The George Washington University’s Department of Nursing Education launched the Nursing Alliance for Quality Care (NAQC). Funded by the Robert Wood Johnson Foundation, NAQC was created to give a unified voice to the nursing profession needed to effectively influence transparency, accountability, and quality-related health reform agendas. AACN CEO Polly Bednash was selected to chair the alliance, which includes representatives from 15 national nursing and healthcare organizations. As chair of NAQC, Dr. Bednash also was asked to serve on the Quality Alliance Steering Committee, which is located at the Brookings Institution and co-chaired by Carolyn Clancy, director of the Agency for Healthcare Research and Quality, and Mark McClellan, past director of the Center for Medicaid and Medicare Services.

Fostering Collaboration Around Quality Issues

In May 2010, AACN joined with the Dartmouth Institute for Health Policy and Clinical Practice to offer the inaugural Microsystems Academy. This program was designed for all graduate nursing faculty and their clinical partners to learn and practice quality, safety, and microsystem development. Learning materials and support included Web-based sessions, interactive Web modules, an on-site meeting in New Hampshire, textbooks and worksheets, individual coaching and advice, and office hours for support and encouragement. Response to the inaugural Academy was robust, and organizers are considering offering a second academy and/or delivering this content in alternate ways.

Global Alliance for Leadership in Nursing Education and Science

The leadership of the Global Alliance for Leadership in Nursing Education and Science (GANES) met several times this year to continue its work to develop the group’s membership, finalize the agenda for the second international education conference in December 2010 in Washington, DC, and explore linking with the World Health Organization on leadership development activities. John Daly, past chair of the Australia/New Zealand Council of Deans of Nursing, served as chair of GANES during this period. In terms of international outreach, AACN CEO Polly Bednash led a concurrent session at the International Council of Nurses (ICN) conference in Durban, South Africa in July 2009, and AACN President Kathleen Potempa represented GANES at the Global Summit on Nurse Faculty Migration convened by ICN and Sigma Theta Tau International in Geneva, Switzerland in June 2010.

Fostering Collaboration Around Quality Issues

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Stimulating Innovation in Nursing Education

In October 2009, AACN announced the third-year winners of the Innovations in Professional Nursing Education Award. This program was created by the AACN Board of Directors to showcase creative and successful efforts to advance nursing education. This award recognizes the work of AACN member schools to re-envision traditional models for nursing education and lead programmatic change. Awards were presented in like-school categories as follows: Academic Health Center (AHC), University of Kentucky; Small School, York College of Pennsylvania; Private School without an AHC, Pace University; and Public School without an AHC, Rhode Island College. Read all about the award-winning innovations online at http://www.aacn.nche.edu/Faculty/innovations.htm.

Fostering Interprofessional Collaboration

AACN is continuing to work closely with four colleague associations – the Association of American Medical Colleges (AAMC), American Dental Education Association (ADEA), Association of Colleges of Osteopathic Medicine (AACOM), and American Association of Colleges of Pharmacy (AACP) – to develop a national collaboration on interprofessional education. Current efforts are focused on the development of a database of previous work and best practices, consolidation of evidence that interprofessional education and practice benefits patient care outcomes, and identification of the specific role to be played by health professions education associations. In June 2010, the Carnegie Foundation and the Josiah Macy Foundation convened a meeting to stimulate stronger work in the area of interprofessional education. AACN CEO Polly Bednash was asked to serve as a coach/mentor for discussions and give remarks about the work underway involving the professional associations.

Strengthening Ties to the VA

Formed in 2009, the AACN/DVA Liaison Committee convened regularly throughout the year with both in-person meetings and conference calls. This committee was created to provide opportunities for strong academic and practice collaboration across the DVA and AACN membership, to identify best practices for collaboration, and to strengthen the collaborative work already in place. Three subgroups meet regularly to address best practices and potential recommendations for the work by the two organizations related to the Clinical Nurse Leader, the post-baccalaureate residency program, and the DNP. The Liaison Committee is co-chaired by the AACN president and the chief nurse of the DVA.

For an extensive list of organizations affiliated with AACN in a variety of capacities, see page 30-34.
NursingCAS

Moving to a Centralized Application Service in Nursing

In March 2010, AACN launched NursingCAS, the nation’s first centralized application service for students applying to all types of nursing programs. Similar to services already in place for medicine, dentistry, pharmacy, and other health professions, NursingCAS is a convenient and efficient way for applicants to apply to multiple schools of nursing using a single Web-based application. Applicants only need to prepare and submit one set of materials (i.e. application, transcripts, letters of recommendation) to be distributed to schools nationwide. NursingCAS verifies the application components for accuracy, calculates the applicant’s grade point averages, and distributes the materials to the nursing programs that the applicant designates. It will also serve as an important mechanism to fill vacant seats in schools of nursing. The benefits of NursingCAS to schools, applicants, and the profession are many:

- Schools participate at no cost and receive web-based applicant management software for free.
- Provides admission staff with secure, online access to track progress of their applicants and view applications, transcripts and letters of reference.
- Streamlines the admission process and reduces administrative tasks resulting in a refocusing of current sources on higher level functions and interaction with applicants.
- Compiles accurate statistics on the profession, including program-specific and profession-wide statistical reports and data on applicants.
- Assists in developing workforce projections and recruitment strategies based on real data.
- Applicants have access to a dedicated NursingCAS support staff, a comprehensive online checklist, FAQs, and instructions to help navigate the application process.
- Provides applicants with dedicated customer service and a real-time way to check the status of their applications.
- Increases exposure to a larger and more diverse applicant pool and allows for applicants to research different programs.

More than 300 schools of nursing representing all types of nursing programs have taken their first steps toward participating in NursingCAS by attending an overview Webinar, completing a technical assistance call, and initiating the process by submitting a Participation Agreement. By June 2010, more than 60 schools of nursing that draw more than 25,000 applications each year registered with this service, including top-ranked academic health centers, liberal-arts-focused schools, public and private institutions, religiously-affiliated schools, and a hospital-based diploma program.

Joining NursingCAS

Schools interested in finding out more about using this free service are encouraged to visit AACN’s Web site, http://www.aacn.nche.edu/cas, for more information and/or contact NursingCAS Coordinator Caroline Allen to schedule a technical assistance call at callen@aacn.nche.edu or 202-463-6930, ext. 258. To check out the applicant portal, visit https://portal.nursingcas.org.
Enhancing Diversity in Nursing

Changing the Face of Nursing
This year, the Robert Wood Johnson Foundation (RWJF) and AACN completed the second and third funding cycles to schools seeking funding through the RWJF New Careers in Nursing Scholarship Program (NCIN). Launched in 2008, NCIN was created to enable schools of nursing to expand student capacity in accelerated baccalaureate and master’s programs by providing scholarships to students from diverse and/or disadvantaged backgrounds. To date, the NCIN program has supported 1,917 nursing students at 101 schools of nursing, and continues to develop culturally competent health professionals and future leaders of the profession.

“As health reform expands coverage to 32 million Americans and new patients enter the healthcare system, many more nurses will be needed to meet the demands of our nation’s diverse patient population. AACN applauds the Robert Wood Johnson Foundation for their commitment to continuing the New Careers in Nursing program, which is helping to expand and diversify the nursing workforce while developing a highly educated cadre of entry-level nurses.”

Dr. Kathleen Potempa, AACN President

Profiles of all 38 Minority Nurse Faculty Scholars funded through the Johnson & Johnson program and a similar initiative funded by The California Endowment are posted online at http://www.aacn.nche.edu/Media/minorityfaculty.htm.

Enhancing Cultural Competency
In January 2010, AACN announced that it had met all objectives set forth in the Preparing a Culturally Competent Master’s and Doctorally-Prepared Nursing Workforce initiative funded by The California Endowment. For this project, AACN convened an expert advisory panel of nursing educators and clinicians to develop a set of cultural competencies for all graduates of master’s and doctoral nursing programs. Additionally, the advisors created an online tool kit for graduate nursing faculty and students, which includes case studies on cultural competency, a list of exemplar nursing programs that have successfully embedded cultural competency into its curricula, and a directory of Web sites and journal articles focused on this issue. To assess its utility, AACN piloted a one-day cultural competency course for 35 graduate nursing faculty and clinicians in California in December 2009 using the new competencies and tool kit materials. All materials are posted on the Web at http://www.aacn.nche.edu/Education/cultural.htm.

For more details on all of AACN’s work to enhance diversity and cultural competency, see www.aacn.nche.edu/Diversity.

Diversifying the Nurse Faculty Population
In August 2009, five new graduate nursing students were selected as Johnson & Johnson Campaign for Nursing’s Future – AACN Minority Nurse Faculty Scholars. Launched in 2007, this competitive program provides financial assistance, mentoring, and leadership development to graduate nursing students from diverse backgrounds who commit to serving as nurse faculty after completing their degree programs.
Focusing on Faculty Development

AACN is the recognized leader in providing faculty development opportunities and resources for nurse educators teaching in baccalaureate and graduate programs. More than 3,000 nurse educators attend AACN’s conferences each year making these offerings the preferred professional development option for faculty in member school nursing programs.

Introducing AACN Faculty Link

In response to member requests, AACN Faculty Link was launched in September 2010 exclusively for individuals teaching full- or part-time in baccalaureate and graduate nursing programs. Through this service, nurse faculty who are registered in AACN's faculty roster will have access to a number of benefits and resources including:

- Free monthly Webinars on faculty development topics
- Funding and new resource alerts
- Faculty enrichment opportunities
- Announcements about awards and scholarship programs
- Government advocacy resources
- Bulletins on breaking news in nursing education

Since its launch, AACN Faculty Link has enrolled more than 10,000 individual faculty members at more than 550 schools of nursing nationwide. To find out more about this program and how to enroll faculty, see http://www.aacn.nche.edu/Faculty.

Free Faculty Webinar Series

Launched in September 2010, AACN is pleased to present free professional enrichment Webinars every month for faculty teaching in baccalaureate and graduate nursing programs. Offered exclusively for faculty in AACN member schools, these interactive programs include a presentation by a noted expert followed by a robust question and answer sessions. Continuing education credit is available to all participants. Webinars presented this year include:

- Facilitating Active Learning
- Anticipating an Academic Career
- Developing Critical Thinking and Clinical Reasoning Skills
- Clinical Teaching and Evaluation
- Raising the Bar: Implementing the 2008 Baccalaureate Essentials
- Facilitating the Transition to Practice: The UHC/AACN Nurse Residency
- Health Reform Implications for Nursing Education

For a listing of upcoming Webinars or to hear recordings of past events, see http://www.aacn.nche.edu/Faculty/FacultyLink/webinars.htm.

Recognizing Teaching Excellence

In May 2010, The DAISY Foundation and AACN announced the creation of a new awards program for outstanding nurse educators at colleges and universities nationwide. The DAISY Award for Extraordinary Nursing Faculty provides nursing schools with a national recognition program designed to honor teachers for their commitment and inspirational influence on future generations of nurses. Modeled after a similar effort launched in 1999 for practicing nurses, this turnkey program provides schools of nursing with all the tools and resources needed to recognize expertise and excellence among faculty teaching at all levels. To register to participate in this program, see http://www.daisyfoundation.org/0210_facultyaward.html.

For more details on all of AACN’s opportunities and services for nurse educators, visit the online Nurse Faculty Resource Center found at www.aacn.nche.edu/Faculty.
Developing Faculty Expertise in Quality and Safety

In September 2009, AACN announced that eight faculty development institutes have been scheduled through 2011 as part of Phase III of the Quality and Safety Education for Nurses (QSEN) initiative funded by the Robert Wood Johnson Foundation (RWJF). Administered by AACN, these enrichment opportunities are designed to better prepare faculty to teach quality and safety in entry-level RN programs. The course content focuses on six core competencies: patient-centered care; teamwork and collaboration; evidence-based practice; quality improvement; patient safety; and informatics. Thanks to the generous funding by RWJF, there is no registration fee, and stipends will be paid to cover travel expenses. Schools of nursing are encouraged to send at least two participants to an institute. For a listing of upcoming institutes offered through November 2011, see [http://www.aacn.nche.edu/qsenec](http://www.aacn.nche.edu/qsenec).

Expanding QSEN’s Reach

In October 2009, the Gordon and Betty Moore Foundation awarded $250,000 in new funding to AACN to sponsor a QSEN Faculty Development Institute for nurse educators in the San Francisco Bay Area. This funding was used to offer a ninth QSEN institute at the Foundation’s conference center in Palo Alto, CA in June 2010. A total of 75 nurse faculty for schools with associate degree, baccalaureate, and/or entry-level masters’ programs in nursing attended this session. A rigorous post-institute evaluation effort is underway to determine curricular outcomes from this training.

Dr. George Bo-Linn, Chief Program Officer with the Gordon and Betty Moore Foundation, receives the 2010 Nursing Spectrum/Gannett Foundation Award. (Pictured with Teresa Gaffney from the Gannett Foundation)

To date, more than 1,000 nursing school faculty and staff at member institutions have joined AACN’s Leadership Networks. These networks provide a forum for peer professionals to share best practices and success stories, sharpen leadership skills, participate in professional development activities, and take full advantage of AACN resources. Networks include Organizational Leadership, Instructional Leadership, Research Leadership, Practice Leadership, Business Officers of Nursing Schools, Nursing Advancement Professionals, and Graduate Nursing Admissions Professionals.

For a listing of Steering Committee officers affiliated with each Leadership Network, see page 28-29. For more information, visit the Networks tab on the AACN Web site at [http://www.aacn.nche.edu/Networks](http://www.aacn.nche.edu/Networks).
Influencing Public Policy

AACN works closely with Congress, federal agencies, and the larger nursing community to advocate for nursing education and research funding and shape legislation impacting the profession.

Boosting Federal Funding

AACN successfully worked with colleague organizations to secure $244 million in funding for Title VIII Nursing Workforce Development programs in FY 2010, a significant increase from the prior year’s funding of $171 million. Programs seeing the highest increases were the Loan Repayment and Scholarship Program (up $56 million), which provides funding directly to nursing students to advance their education, and the Nurse Faculty Loan Program (up $13.5 million), which grants funding to support future faculty enrolled in graduate nursing programs.

Championing Nursing Through Healthcare Reform

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act into law. While AACN did not take an official stance on the entirety of any one healthcare reform package, AACN did collaborate with other national organizations, policymakers in Congress, and the Administration to advance reform measures that strengthened support for nursing education and practice. Chief among these measures was the reauthorization of Title VIII Nursing Workforce Development Programs, which called for:

- Removing the 10% cap on support for doctoral students under the Advanced Education Nursing Grants to increase funding opportunities for PhD and DNP students.
- Increasing the loan amounts for awards through the Nursing Student Loan Program, the Loan Repayment and Scholarship Program, and the Nurse Faculty Loan Program.
- Expanding the Comprehensive Geriatric Grant Program to provide traineeships for nursing students pursuing careers in geriatrics.
- Creating an individual nurse faculty loan fund for recent graduates who serve as faculty.
- Expanding the Nurse Education, Practice and Retention Grant program to include a “quality priority.”
- Expanding the Nursing Workforce Diversity Program to include stipends, traineeships, and retention activities to strengthen outreach efforts.

In addition, AACN worked collaboratively with our colleagues in the advanced practice community and AARP to include a Graduate Nursing Education demonstration program in the healthcare reform law. This provision provides Medicare dollars to support the clinical education of APRNs. AACN staff will work in the coming years to see this demonstration successfully enacted.

AACN has created member resources detailing the healthcare reform provisions related to nursing education and practice included in the Patient Protection and Affordable Care Act. See http://www.aacn.nche.edu/Government/pdf/HCReview.pdf. Additionally, AACN has created a two-page summary that reviews AACN-supported provisions and those requiring further attention. See http://www.aacn.nche.edu/Government/pdf/HCRsupport.pdf.

AACN successfully worked with colleague organizations to secure $244 million in funding for Title VIII Nursing Workforce Development programs in FY 2010, a significant increase from the prior year’s funding of $171 million.
Introducing the Student Policy Summit

In March 2010, AACN held its inaugural Student Policy Summit in Washington, DC, which received enthusiastic reviews from undergraduate and graduate nursing students with an interest in health policy. Though originally planned for 75 students in its first year, the initial response was so strong that the summit expanded to accommodate 130 attendees (total capacity) with dozens of additional students on a waiting list. Government Affairs staff successfully secured more than $15,000 in sponsorships for this event from the Jonas Center for Nursing Excellence and the Johnson & Johnson Campaign for Nursing’s Future. Darlene Curley, the Executive Director of the Jonas Center and a former Maine State Legislator, was a featured speaker at the summit, along with Dr. Patricia Grady, Director of the National Institute of Nursing Research, and Dr. Deborah Trautman, Executive Director of the Center for Health Policy at Johns Hopkins University and former health fellow to Speaker of the House Nancy Pelosi.

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

Innovations in APRN Education

In December 2009, the John A. Hartford Foundation awarded $647,336 to AACN to support a two-year initiative focused on assisting nurse faculty in preparing advanced practice registered nurses (APRNs) to care for older adults. This funding is being used to enhance gerontology content and facilitate curriculum redesign in programs educating nurse practitioners (NPs) and clinical nurse specialists (CNSs). The APRN Consensus Model stipulates that by 2015, all NPs and CNSs that provide care to adults must be educated broadly across the entire scope of adult and gerontology practice. Funding will be used to facilitate the transition to this new model. AACN, in collaboration with the Hartford Institute for Geriatric Nursing at New York University College of Nursing, will augment this work by creating new teaching resources and offering faculty development workshops to APRN educators in 2011.

In Phase I of this project, AACN, the National Organization of Nurse Practitioner Faculties, and the National Association of Clinical Nurse Specialists led the development of consensus-based competencies for Adult-Gerontology Primary Care NPs and Adult-Gerontology CNSs using a national validation process that encompassed a wide array of stakeholders from APRN education, practice, certification, accreditation, and licensure. These sets of competencies were endorsed by the AACN Board in July 2010. The process of developing the Adult-Gerontology Acute Care NP Competencies will be completed in 2011.

Meeting GNEC Project Objectives

Funding by the John A. Hartford Foundation, the Geriatric Nursing Education Consortium (GNEC) is a national initiative developed to enhance geriatric content in undergraduate nursing courses. Administered by AACN in collaboration with the Hartford Institute for Geriatric Nursing at New York University College of Nursing, faculty participating in this program have been educated in the fundamentals of geriatric nursing and the use of geriatric curriculum resources. GNEC’s primary goal is to support and empower baccalaureate nursing faculty as they champion geriatric education, educate other faculty, and oversee revision of the senior-level undergraduate curriculum at their home institutions. By December 2009, the GNEC project had achieved its objective to “educate faculty at a majority of the baccalaureate schools of nursing across the country.” A total of 808 faculty representing 418 schools of nursing from all 50 states and Puerto Rico have attended a GNEC institute.

For more details on AACN’s geriatric nursing education projects, see http://www.aacn.nche.edu/Education/Hartford.
Expanding Access to Quality End-of-Life Care

Administered jointly by AACN and The City of Hope, 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 project’s train-the-trainer program has educated over 13,000 nurse educators over the past nine years, including a wide array of undergraduate and graduate nursing faculty, staff nurses, nursing administrators, and continuing education providers.

National ELNEC Courses

In 2009, the ELNEC project team presented nine regional courses at locations across the country to expand the reach of this train-the-trainer program. In addition to Core courses, ELNEC offers a variety of specialty programs tailored to the specific needs of nurses working in Critical Care, Geriatrics, and Pediatric Palliative Care. Nurse educators from all 50 states have attended an ELNEC course and in turn shared their new knowledge with colleagues working in hospitals, clinics, research centers, long-term care facilities, hospices, universities, and other settings. With presentations in 65 countries, ELNEC is fast gaining an international audience through recent presentations in Kenya, India, Tajikistan, and other locations around the world. The ELNEC curriculum has been translated into Spanish, Russian, Korean, and Japanese to further expand the program’s reach.

ELNEC-For Veterans

In June 2010, the Department of Veterans Affairs awarded the City of Hope a three-year contract to adapt the ELNEC curriculum with an emphasis on providing quality palliative care for Veterans with life-threatening illnesses. During the three years of the ELNEC-For Veterans project, 600 nurse educators will attend national “train-the-trainer” courses using this new curriculum. The expertise gained in these sessions will be used to improve the quality of palliative care for thousands of veterans in 153 Department of Veterans’ Affairs Medical Centers across the U.S. The first ELNEC-For Veterans courses took place in August 2010.

For more information on the ELNEC project including details on how to register for upcoming training sessions, see http://www.aacn.nche.edu/ELNEC.
AACN’s 40th Anniversary Celebration and Fall Meeting was a rousing success that attracted more than 600 member deans and long-time friends to the JW Marriott Hotel in Washington, DC on October 31-November 3, 2009. Highlights from this landmark event included a provocative lineup of presenters, including motivational speaker Charles “Chic” Thompson and photographic artist Chris Jordan; an anniversary reception with a champagne toast; live entertainment from the Capitol Steps; and a photo history of member schools. As a highlight to the proceedings, U.S. Secretary of Health and Human Services Kathleen Sebelius made a special appearance at the AACN meeting and provided a keynote address at the event’s closing session.

Barbara Redman, dean of Wayne State University and former AACN Executive Director, celebrates the moment.

John Daly, dean and professor of nursing at the University of Technology-Sidney and GANES chair, applauds the festivities.

CEO Polly Bednash toasts AACN along with eight past presidents.
“Nurses are the healthcare professionals patients most often see. You’re the ones conducting important research on issues like obesity. You’re the ones who give patients the personal contact, interventions, and education they need to help them heal. You pull healthcare teams together and coordinate patient care. You check back with patients to make sure they’re doing what’s important to stay well. And you’re on the front lines, so you know better than anyone that we can’t wait for real reform.”

HHS Secretary Kathleen Sebelius, AACN 2009 Fall Meeting
Enhancing Member Education & Outreach

AACN conferences and seminars give attendees personal contact with key decision makers in health care and higher education. AACN meetings offer a stimulating source of continuing education and professional development to build leadership and allow for valuable networking.

AACN Conferences
Sixteen conferences and network meetings were offered July 2009-June 2010 including the Summer Seminar, Organizational Leadership Network Meeting, Fall Semiannual Meeting, Executive Development Series, Instructional Leadership Network Meeting, Baccalaureate Education Conference, CNL Summit, Doctoral Education Conference, Research Leadership Network Meeting, Faculty Development Conference, Master’s Education Conference, Faculty Practice Conference, Nursing Advancement Professional Conference, Spring Annual Meeting, Graduate Nursing Admissions Professionals Meeting, and Business Officers Meeting.

Publications
AACN is committed to being the national voice for baccalaureate and higher degree programs in nursing. The organization strives to bring the association’s mission and message before the larger nursing community through a variety of publications and outreach efforts. The association’s primary publications are the Journal of Professional Nursing, the bimonthly Syllabus newsletter, and the electronic publications AACN News Watch, AACN Faculty Link, and AACN Policy Beat. New publications released this year, include:

- Detailing AACN’s rise as a strong and political force within the nursing profession, The Voice of Professional Nursing Education: A 40-Year History of the American Association of Colleges of Nursing was compiled by nurse historians at the University of Virginia’s Center for Nursing Historical Inquiry.
- With funding provided by the Josiah Macy, Jr. Foundation, the new publication Lifelong Learning in Medicine and Nursing: Final Conference Report was developed through a collaboration with AACN and the Association of American Medical Colleges to develop recommendations for engaging nurses and physicians for lifelong learning.

For more information on AACN publications, see http://www.aacn.nche.edu/Publications.
Achieving Excellence in Accreditation

An autonomous arm of AACN, the Commission on Collegiate Nursing Education (CCNE) ensures the quality and integrity of baccalaureate and graduate degree programs that prepare nurses. Now in its 13th year of accreditation review activities, CCNE has accredited 530 baccalaureate and 378 master’s degree programs in nursing, as well as 32 Doctor of Nursing Practice programs. CCNE accredits nursing programs in 547 colleges and universities nationwide and in Puerto Rico. Overall, 79.4% of institutions with baccalaureate and/or master’s degree nursing programs are now affiliated with CCNE. This year, CCNE achieved a new milestone by accrediting its first two post-baccalaureate nurse residency programs at the University of Colorado Hospital and the University of Kansas Hospital.

CCNE’s 10-Year History

A comprehensive narrative detailing CCNE’s formative years and evolution into the nation’s premiere accrediting body for professional nursing programs was published this year under the title *Achieving Excellence in Accreditation: The First 10 Years of CCNE*. The entire 112-page manuscript may be downloaded from the CCNE Website.

For more information on CCNE and nursing program accreditation, see http://www.aacn.nche.edu/Accreditation.
## 2010 Financial Report

**Statement of Financial Position June 30, 2010**

(with summarized financial information for the year ended June 30, 2009)

<table>
<thead>
<tr>
<th></th>
<th>AACN</th>
<th>CCNE</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$584,666</td>
<td>$556,787</td>
<td>$1,141,453</td>
<td>$2,093,045</td>
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<tr>
<td>Contributions and grants receivable</td>
<td>2,188,926</td>
<td>–</td>
<td>2,188,926</td>
<td>2,154,350</td>
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<tr>
<td>Accounts receivable (net of allowance for doubtful accounts of approximately $3,600 for 2010 and $5,200 for 2009)</td>
<td>94,943</td>
<td>26,615</td>
<td>121,558</td>
<td>87,695</td>
</tr>
<tr>
<td>Accrued interest receivable</td>
<td>425</td>
<td>283</td>
<td>708</td>
<td>7,000</td>
</tr>
<tr>
<td>Due to/from CCNE</td>
<td>25,454</td>
<td>(25,454)</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>148,472</td>
<td>39,577</td>
<td>188,049</td>
<td>138,114</td>
</tr>
<tr>
<td><strong>TOTAL CURRENT ASSETS</strong></td>
<td>$3,042,886</td>
<td>$597,808</td>
<td>$3,640,694</td>
<td>$4,480,204</td>
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<tr>
<td><strong>FIXED ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Furniture and equipment</td>
<td>409,202</td>
<td>63,610</td>
<td>472,812</td>
<td>631,010</td>
</tr>
<tr>
<td>Equipment held under capital lease</td>
<td>44,411</td>
<td>–</td>
<td>44,411</td>
<td>–</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>418,694</td>
<td>127,202</td>
<td>545,896</td>
<td>561,688</td>
</tr>
<tr>
<td><strong>NET FIXED ASSETS</strong></td>
<td>872,307</td>
<td>190,812</td>
<td>1,063,119</td>
<td>1,192,698</td>
</tr>
<tr>
<td><strong>RESTRICTED CASH</strong></td>
<td>407,809</td>
<td>65,659</td>
<td>473,468</td>
<td>505,306</td>
</tr>
<tr>
<td><strong>INVESTMENTS</strong></td>
<td>6,914,593</td>
<td>2,178,469</td>
<td>9,093,062</td>
<td>6,015,267</td>
</tr>
<tr>
<td><strong>CONTRIBUTIONS AND GRANTS RECEIVABLE, less current portion</strong></td>
<td>558,167</td>
<td>–</td>
<td>558,167</td>
<td>1,256,251</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$10,923,455</td>
<td>$2,841,936</td>
<td>$13,765,391</td>
<td>$12,301,023</td>
</tr>
<tr>
<td><strong>LIABILITIES AND NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>251,994</td>
<td>123,752</td>
<td>375,746</td>
<td>294,040</td>
</tr>
<tr>
<td>Accrued vacation</td>
<td>144,868</td>
<td>27,730</td>
<td>172,598</td>
<td>159,584</td>
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<td>Obligation under capital lease</td>
<td>7,862</td>
<td>–</td>
<td>7,862</td>
<td>–</td>
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<tr>
<td><strong>Deferred revenue:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues</td>
<td>1,289,392</td>
<td>–</td>
<td>1,289,392</td>
<td>1,385,652</td>
</tr>
<tr>
<td>Meetings</td>
<td>244,704</td>
<td>–</td>
<td>244,704</td>
<td>195,091</td>
</tr>
<tr>
<td>Other</td>
<td>3,000</td>
<td>–</td>
<td>3,000</td>
<td>–</td>
</tr>
<tr>
<td>Accreditation</td>
<td>–</td>
<td>821,030</td>
<td>821,030</td>
<td>676,020</td>
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<tr>
<td><strong>TOTAL CURRENT LIABILITIES</strong></td>
<td>$1,941,820</td>
<td>$972,512</td>
<td>$2,914,332</td>
<td>$2,710,387</td>
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<tr>
<td><strong>OBLIGATION UNDER CAPITAL LEASE, net of current portion</strong></td>
<td>30,553</td>
<td>–</td>
<td>30,553</td>
<td>–</td>
</tr>
<tr>
<td><strong>DEFERRED RENT</strong></td>
<td>104,225</td>
<td>–</td>
<td>104,225</td>
<td>66,704</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$2,076,598</td>
<td>$972,512</td>
<td>$3,049,110</td>
<td>$2,777,091</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>4,979,858</td>
<td>1,869,424</td>
<td>6,849,282</td>
<td>5,620,684</td>
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<tr>
<td>Temporarily restricted</td>
<td>3,778,796</td>
<td>–</td>
<td>3,778,796</td>
<td>3,815,045</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>88,203</td>
<td>–</td>
<td>88,203</td>
<td>88,203</td>
</tr>
<tr>
<td><strong>TOTAL NET ASSETS</strong></td>
<td>$8,864,857</td>
<td>$1,869,424</td>
<td>$10,716,281</td>
<td>$9,523,932</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$10,923,455</td>
<td>$2,841,936</td>
<td>$13,765,391</td>
<td>$12,301,023</td>
</tr>
</tbody>
</table>
Statement of Activities  For the Year Ended June 30, 2010  
(with summarized financial information for the year ended June 30, 2009)

- **REVENUES**
  - Contributions and grants: $111,981 - $111,981, $2,273,248 - $2,385,229, $3,853,085  
  - Membership dues: 2,514,827 - 2,514,827, $2,514,827 - 2,514,827, 2,468,113  
  - Registration fees: 1,441,269 - 39,825, 1,481,094 - –, 1,252,096  
  - Publication sales: 385,842 - –, 385,842 - –, 414,855  
  - Investment income (loss): 599,893 - 176,750, 776,643 - 13,265, (1,123,625)  
  - Annual fees: – 1,280,755, 1,280,755 - –, 1,111,816  
  - Application fees: – 179,000, 179,000 - –, 102,000  
  - Site evaluation fees: – 850,000, 850,000 - –, 39,000  
  - New program fees: – 61,500, 61,500 - –, 39,000  
  - CNL certification exam fees: 117,298 - 850,000, 117,298 - 850,000, 157,135  
  - Miscellaneous income: 46,212 - 670, 46,882 - –, 43,619  
  - Net assets released from restrictions: 2,322,762 - –, 2,322,762 - –, –  
  - **TOTAL REVENUES** $7,540,084, $2,588,500, $10,128,584, ($36,249), –, $10,092,335, $8,895,594

- **EXPENSES**
  - Program services:  
    - Quality & Safety in Nursing Education: 812,077 - 812,077, 812,077 - 812,077, 224,937  
    - Gerontology/Geriatric Projects: 391,546 - 391,546, 391,546 - 391,546, 1,163,673  
    - Other Grants & Contracts: 519,249 - 519,249, 519,249 - 519,249, 790,911  
    - Research: 323,884 - 323,884, 323,884 - 323,884, 318,368  
    - Education Policy: 274,772 - 274,772, 274,772 - 274,772, 273,293  
    - Publications: 246,312 - 246,312, 246,312 - 246,312, 217,253  
    - Meetings: 1,163,315 - 1,163,315, 1,163,315 - 1,163,315, 995,239  
    - Networks: 87,523 - 87,523, 87,523 - 87,523, 92,619  
    - Commission on Nurse Certification: 263,331 - 263,331, 263,331 - 263,331, 290,671  
    - Task Forces: 276,277 - 276,277, 276,277 - 276,277, 335,968  
    - **Total program services** $5,923,055, $2,129,181, $8,052,236, –, –, $8,052,236, $7,752,527  
  - Supporting services:  
    - General and administrative: 847,750 - 847,750, 847,750 - 847,750, 1,041,311  
    - **TOTAL EXPENSES** $6,770,805, $2,129,181, $8,899,986, –, –, $8,899,986, $8,793,838  
  - **CHANGE IN NET ASSETS** $769,279, $459,319, $1,228,598, ($36,249), –, $1,192,349, $101,756  
  - **NET ASSETS, BEGINNING OF YEAR** $4,210,579, $1,410,105, $5,620,684, $3,815,045, $88,203, $9,523,932, $9,422,176  
  - **NET ASSETS, END OF YEAR** $4,979,858, $1,869,424, $6,849,282, $3,778,796, $88,203, $10,716,281, $9,523,932  

**The Future of Higher Education in Nursing**
Governance and Organization

AACN is governed by an 11-member Board of Directors, each representing a member institution. The Board consists of 4 officers and 7 members-at-large, all elected by the membership for a two-year term.

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

Committees

Finance Committee
Janet Allan, University of Maryland (Chair); Margaret Callahan, Marquette University; Ann Cary, Loyola University New Orleans; Rita Frantz, University of Iowa; Barbara Landrum, Henderson State University

Government Affairs Committee
Teri Murray, Saint Louis University (Chair); Susan Apold, Concordia College of New York; Marion Broome, Indiana University-Purdue University (Indianapolis); Carl Christensen, Northwest University; Lisa Eichelberger, Clayton State University; Josephine Kahler, Texas A&M University-Texarkana; Norann Planchock, Northwestern State University of Louisiana; Patsy Ruchala, University of Nevada-Reno; Yvonne Stringfield, Delaware State University; Marty Wittrak, The College of St. Scholastica

Membership Committee
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Program Committee
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Task Force on the Essentials of Master’s Education in Nursing
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PAST CHAIR: Dennis J. Cheek, Texas Christian University
AFFILIATIONS

Deans of member schools, AACN Board members, 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.

AD HOC GROUP FOR MEDICAL RESEARCH – Over 300 research, biomedical, patient advocacy, and healthcare provider groups meet monthly and engage in activities, including sending letters to Capitol Hill, hosting briefings for congressional staff, and meeting with key NIH directors.

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

ALLIANCE FOR AGING RESEARCH – This organization consults AACN staff on a regular basis in its work to improve the human experience in aging and health.

ALLIANCE FOR APRN CREDENTIALING – Created by AACN in 1997 in conjunction with the Commission on Collegiate Nursing Education (CCNE), this group of specialty nursing organizations meets twice each year to discuss issues related to nursing education, practice, and credentialing.

AMERICAN HEALTH CARE ASSOCIATION (AHCA) – AACN’s Executive Director participated on the Nursing Advisory Commission that examined nursing staffing concerns within the long-term care industry.

AMERICAN NURSES ASSOCIATION (ANA) – As an affiliate member, AACN has one voting and one non-voting seat at the ANA House of Delegates and sends a representative each year to the ANA Congress on Nursing Practice and Economics.

AMERICAN ORGANIZATION OF NURSE EXECUTIVES (AONE) – Representatives from AONE have served on many AACN task forces and advisory groups, including the AACN-AONE Academic Practice Partnerships Task Force and the CNL Steering Committee.

APRN CONSENSUS WORK GROUP – Convened by the Alliance for APRN Credentialing and facilitated by AACN, this group of APRN stakeholder groups is engaged in the advancement of the consensus statement regarding APRN licensure, accreditation, certification, and education completed in July 2008. Participants include AANA, AANP-CP, ANA, ANCC, NACNS, NCSBN, NLNAC, NONPF, ONCC, and PCNB among other groups.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES (AAMC) – AACN engages regularly with our counterpart organization for schools of medicine on policy initiatives, in our joint work on interprofessional professionalism, and in the development of the recent lifelong learning report.

ASSOCIATION OF GENERAL AND LIBERAL STUDIES (AGLS) – CCNE staff serve on the Executive Committee focused on promoting quality general education within higher education.

THE CALIFORNIA ENDOWMENT – Dedicated to increasing access to health care, this foundation has partnered with AACN to offer a minority nurse faculty scholarship program and provided funding for the Preparing a Culturally Competent Nursing Workforce initiative.

CAMPAIGN FOR PUBLIC HEALTH – As the only nursing organization on the advisory council, AACN works with other business and healthcare leaders who are dedicated to advocating for legislation that will accelerate the growth of federal appropriations for the Centers for Disease Control and Prevention.

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) – AACN collaborated with the CDC’s National Vaccine Program Office to conduct a national survey of baccalaureate nursing programs to gather information about student immunization practices and policies.

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

CLINICAL NURSE LEADER ASSOCIATION (CNLA) – The Commission on Nurse Certification (CNC) collaborates with
the CNLA to advance the CNL role by providing administrative services to support CNLA’s daily operations and through representation on CNLA’s Board of Directors and joint marketing efforts.

**CLINICAL NURSE LEADER STEERING COMMITTEE** – The American Organization of Nurse Executives and VA Department of Nursing continue to collaborate with AACN on the CNL initiative.

**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 healthcare funding issues.

**COALITION FOR PATIENTS’ RIGHTS** – Consists of more than 35 organizations representing a variety of licensed healthcare professionals who provide a diverse array of safe, effective, and affordable healthcare services to millions of patients each year.

**CONSULTANT GROUP ON INTERPROFESSIONAL PROFESSIONALISM MEASUREMENT** – This group has developed Web resources and a defined set of behaviors that serve as the foundation for interprofessional professionalism among all members of the healthcare team.

**THE DAISY FOUNDATION** – To recognize excellence among nurse educators, AACN joined with this philanthropy in May 2010 to establish The DAISY Award for Extraordinary Nursing Faculty.

**DARTMOUTH INSTITUTE FOR HEALTH POLICY AND CLINICAL PRACTICE** – AACN joined with this prestigious institute in 2010 to develop targeted activities for nursing educators and strategic clinical partners. The first collaborative offering was the inaugural Microsystems Academy for nurse educators and their practice partners.

**DEPARTMENT OF VETERANS AFFAIRS (DVA)** – In January 2009, the AACN-DVA Liaison Committee was formed to bring CNOs from VA sites together with AACN representatives to collaborate on shared goals related to the nursing workforce, evolving clinical practice, and state-of-the-art nursing education.

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

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

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

**END-OF-LIFE NURSING EDUCATION PROJECTS (ELNEC)** – AACN collaborates with the City of Hope in California to provide training sessions for nursing faculty in teaching end-of-life nursing care. Other program and funding collaborators include the Archstone Foundation, National Cancer Institute, Oncology Nursing Society, California Healthcare Foundation, Aetna, Open Society Institute, and most recently, the Department of Veterans Affairs.

**FEDERATION OF ASSOCIATION OF SCHOOLS OF THE HEALTH PROFESSIONS (FASHP)** – AACN is a member of FASHP and participates in monthly CEO meetings and twice yearly retreats. Other groups that meet include the FASHP CFOs, government affairs, and information technology representatives. The groups meet to discuss common financial issues, governmental affairs, and collaborative 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.

**FRIENDS OF NCHS** – The Friends of NCHS is a voluntary coalition of more than 150 organizations that support the National Center for Health Statistics. Members of this diverse
group—including think tanks, professional associations, and universities—rely on the data collected and maintained by NCHS to conduct research, support advocacy efforts, and influence and inform health policy.

**FRIENDS OF VA MEDICAL CARE AND HEALTH RESEARCH (FOVA)**—FOVA is a coalition representing more than 80 national academic, medical, and scientific societies, voluntary health and patient advocacy associations, and industry. The coalition advocates for the funding needs of health care and research at the Department of Veterans (VA), raises awareness of VA medical care and research programs, and hosts special events that highlight VA research successes.

**GENETICS AND GENOMICS STEERING COMMITTEE**—AACN staff assist with implementing essential nursing competencies and curricula guidelines for genetics and genomics. Further, AACN assisted with the development of a tool kit for faculty related to the genetics/genomics competencies.

**GERONTOLOGY PROJECTS**—To advance geriatric nursing education, AACN collaborates with many organizations, including the John A. Hartford Foundation; Hartford Institute for Geriatric Nursing of the New York University College of Nursing and American Academy of Nursing (Hartford Geriatric Nursing Initiative); American Geriatrics Society; Gerontological Society of America; Hartford Centers of Geriatric Nursing Excellence; and National Initiative for the Care of the Elderly (Canada).

**GLOBAL ALLIANCE FOR LEADERSHIP IN NURSING EDUCATION AND SCIENCE (GANES)**—GANES is the only international body providing strategic level expertise in the education and professional development of nurses worldwide. Members are national associations of nursing deans and schools of nursing. AACN was a founding member.

**GORDON AND BETTY MOORE FOUNDATION**—Dedicated to improving nursing-related outcomes, the foundation joined with AACN in 2010 to offer a QSEN Faculty Development Institute for nurse faculty in the San Francisco Bay Area.

**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 the Oncology Nurses Society.

**HEALTH AND HUMAN SERVICES OFFICE OF HEALTHCARE QUALITY**—AACN has worked actively on the national initiative to address healthcare-associated infections, including the development of health professional training modules.

**HEALTH INFORMATION TECHNOLOGY POLICY COMMITTEE**—AACN Board Member Connie Delaney was appointed to a one-year term on this federal advisory body in April 2009. The committee is charged with making policy recommendations related to the nation’s health IT infrastructure. Dr. Delaney is the only nurse on the committee and the only member designated to represent the research community.

**HEALTH PROFESSIONS AND NURSING EDUCATION COALITION (HPNEC)**—HPNEC holds monthly meetings, sends support letters, develops talking points and brochures, holds Hill briefings, coordinates meetings with appropriations staff.

**HEALTH WORKFORCE INFORMATION CENTER (HWIC)**—Since 2008, AACN staff have served on the advisory board for HWIC which is operated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences and funded by the Bureau of Health Professions.

**HEALTHY PEOPLE TASK FORCE**—This interprofessional task force addresses Healthy People 2010 implementation within health professions curricula and planning for Healthy People 2020. In addition to AACN, 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 for Prevention Teaching and Research, 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.

**HURST REVIEW SERVICES**—AACN joined with this NCLEX review provider to offer a new scholarship program to recognize outstanding nursing students in baccalaureate programs.

**INTERAGENCY COLLABORATION ON NURSING STATISTICS (ICONS)**—ICONS promotes the generation and utilization of data, information, and research to facilitate and influ-
ence decision making about nurses, nursing education, and nursing workforce. AACN has been a member since 1984.

**INTERNATIONAL ACADEMY OF NURSE EDITORS (INANE)** – INANE is an informal network of approximately 200 editors of nursing publications worldwide that meets once a year to exchange information about editing and publishing strategies for professional nursing publications. The group also maintains a Web site for the exchange of relevant information.

**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. In 2007, AACN teamed up with the campaign to launch the Minority Faculty Scholars program.

**JOINT COMMISSION** – AACN participates actively on two Joint Commission councils, the Nursing Advisory Council and the Health Professions Council, and on the planning committee for conferences on health professions education.

**JONAS CENTER FOR NURSING EXCELLENCE** – Dedicated to advancing professional nursing in New York City and beyond, the Jonas Center generously sponsored AACN’s inaugural Student Policy Summit in 2010.

**JOSIAH MACY FOUNDATION** – The Macy Foundation provided funding for the collaborative work between AACN and AAMC on the publication of *Lifelong Learning in Medicine and Nursing*.

**LACE** – AACN works closely with an array of Licensure, Accreditation, Certification, and Education (LACE) organizations to advance the recommendations in the Consensus Model for APRN Regulation.

**LEARNING FOR LIFE** – AACN staff participated in the National Health Careers Exploring Committee that plans annual career fairs and exploring luncheons.

**LIAISON INTERNATIONAL** – AACN operates the nation’s first centralized application for nursing programs with Liaison International, the leading provider of application services for health professions associations.

**NATIONAL ASSOCIATION OF ADVISORS FOR THE HEALTH PROFESSIONS (NAAHP)** – 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 (NACNS)** – Initiated in 2003, the AACN/NACNS Data Collaboration was established to jointly collect data on CNS educational programs.

**NATIONAL CENTER FOR THE ANALYSIS OF HEALTHCARE DATA (NCAHD)** – AACN’s CEO serves on the board of this organization which is working to develop a comprehensive databank of health professional workforce data.

**NATIONAL CENTER FOR HIGHER EDUCATION (NCHE)** – 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 HEALTH SERVICE CORPS (NHSC) STAKEHOLDER GROUP** – This coalition represents the multiple health professionals, institutions, and underserved areas/populations that benefit from the NHSC scholarship and loan repayment program.

**NATIONAL NURSING RESEARCH ROUNDTABLE (NNRR)** – 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 (NONPF)** – 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 QUALITY FORUM (NQF)** – AACN staff assist with reviewing NQF’s National Voluntary Consensus Standards and participate in their Quality, Measurement, Research and Improvement Council.
NATIONAL STUDENT NURSES ASSOCIATION (NSNA) – AACN coordinates educational sessions at NSNA’s annual and mid-year conferences to strengthen ties between both organizations.

NURSES FOR A HEALTHIER TOMORROW COALITION (NHT) – A member of the Executive Committee, AACN works with this coalition of 45 nursing groups to increase interest in nursing faculty careers.

NURSING ALLIANCE FOR QUALITY CARE (NAQC) – This Alliance was formed with funding from the Robert Wood Johnson Foundation to serve as nursing’s unified policy voice on issues related to healthcare quality and safety. AACN’s CEO serves as chair of the Alliance Board of Directors.

THE NURSING COMMUNITY – This coalition of professional nursing and related organizations collaborate on a wide spectrum of healthcare and nursing policy issues. AACN is among over 50 organizations that participate with this group on federal legislative initiatives.

NURSING ORGANIZATIONS ALLIANCE (NOA) – Since 2001, AACN has been a member of this alliance that provides a forum for specialty nursing organizations to come together and collaborate on issues of common interest to advance the nursing profession.

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

PARTNERSHIP TO FIGHT CHRONIC DISEASES – AACN belongs to this national coalition of patients, providers, community organizations, and health policy experts committed to raising awareness of policies and practices that save lives and reduce health costs through prevention and management of chronic disease.

PATIENT SAFETY AND CLINICAL PHARMACY SERVICES COLLABORATIVE – AACN provided promotional support for this HRSA initiative aimed at advancing best practices in patient safety and clinical pharmacy services to improve health outcomes and reduce adverse events.

PETERSON’S NURSING PROGRAMS – AACN has collaborated with Peterson’s in publishing the Guide to Nursing Programs Guide since 1994. Peterson’s is part of the Thomson Corporation.

QUALITY ALLIANCE STEERING COMMITTEE (QASC) – As the chair of NAQC, AACN CEO Polly Bednash also serves on this high profile committee, which is located at the Brookings Institution and co-chaired by Carolyn Clancy, director of AHRQ, and Mark McClellan, past director of CMS.

QUALITY AND SAFETY EDUCATION FOR NURSES (QSEN) – QSEN develops educational strategies that promote quality and safety competencies in nursing. In 2009, AACN was awarded new funding by the Robert Wood Johnson Foundation to launch a national faculty development initiative during Phase III of QSEN.

ROBERT WOOD JOHNSON FOUNDATION (RWJF) – AACN joined with RWJF to launch the New Careers in Nursing Scholarship program in 2008, which provides funding, mentorship, and leadership development to students enrolled in accelerated baccalaureate and master’s programs.

SOCIETY OF NATIONAL ASSOCIATION PUBLICATIONS (SNAP) – This non-profit professional society serves association publishers and communications staff by providing a forum for idea and information exchange.

SULLIVAN ALLIANCE TO TRANSFORM AMERICA’S HEALTH PROFESSIONS – AACN’s CEO 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 a year to discuss government affairs initiatives and common issues of concern.

UNIVERSITY HEALTHSYSTEM CONSORTIUM (UHC) – AACN’s ongoing collaboration with the UHC centers on enhancing new nurse retention through the adoption of a jointly-developed post-baccalaureate nurse residency programs at clinical sites nationwide.

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

WORKING GROUP ON NURSING FUNDING – This group holds periodic meetings, hosts joint Hill meetings, and sends support letters to Congress on funding for nursing education.
Membership

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

- is legally authorized to grant the credential to which the program leads,
- holds institutional accreditation by an accrediting agency recognized by the U.S. Secretary of Education, 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).

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

- is legally authorized to grant the credential to which the program leads; and
- holds institutional accreditation by an accrediting agency recognized by the U.S. Secretary of Education.

The dean or other chief administrative nurse in the nursing program serves as institutional representative to AACN.

Membership dues are $3,876 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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Kathleen Andreoli, Rush University Medical Center
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