

## AACN Institutional Membership Application

### **Institutional Membership Criteria:**

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

- 1) One or more of the nursing programs at the institution is accredited or pursuing accreditation (e.g., by holding new applicant or candidacy status) by the Commission on Collegiate Nursing Education (CCNE) or other U.S. Department of Education-recognized nursing accrediting agency.

*or*

- 2) a. The institution is approved to offer a nursing program(s) by the appropriate state agency or agencies that have legal authority for educational programs in nursing; and  
b. The institution is accredited by an institutional (regional or national) accrediting agency recognized by the U.S. Department of Education; and  
c. The institution will pursue nursing program accreditation for one or more of its nursing programs within three (3) years. Exception would be made if an institution's only nursing degree program is a research doctorate.

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

### **Provisional Institutional Membership Criteria:**

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

- a. Authorization to grant the credential to which the program leads; and
- b. The institutional is accredited by an (regional or national) accrediting agency recognized by the U.S. Department of Education.

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

## **Instructions for Completing This Application:**

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

- 1) A copy of the most recent accreditation action letter from a U.S. Department of Education-recognized nursing accrediting agency (e.g., CCNE or ACEN) showing that at least one nursing program (e.g., baccalaureate degree program in nursing) at the institution is currently accredited. [Note: The purpose of providing this letter is to provide evidence of nursing program accreditation status to meet AACN membership eligibility requirements. Thus, while the institution may wish to redact details contained in the letter (such as citations/compliance issues, follow-up reporting requirements), the letter must include the name of the institution, the date accreditation was awarded or effective date, and the term of accreditation to provide evidence that the program is accredited at the time the institution is submitting its membership application to AACN.]

or

- 2) A copy of the letter from a U.S. Department of Education-recognized nursing accrediting agency (e.g., CCNE or ACEN) showing that at least one nursing program (e.g., baccalaureate degree program in nursing) at the institution is pursuing accreditation by holding either applicant or candidacy status. [Note: The purpose of providing this letter is to provide evidence of nursing program applicant/candidacy status to meet AACN membership eligibility requirements. Thus, while the institution may wish to redact details contained in the letter, the letter must include the name of the institution and the date the application was accepted, or candidacy status was awarded to provide evidence that the program holds such status at the time the institution is submitting its membership application to AACN.]

or

- 2) a. Approval by the state agency that has legal authority for educational programs in nursing; i.e. approval letter from the state nursing agency: and
  - b. Institutional accreditation; i.e. letter from the appropriate regional or institutional accrediting body approved by the U.S. Secretary of Education, showing institutional accreditation
  - c. Check the box to indicate the institutions pursuant of nursing program accreditation

## Institutional Membership Application Form

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

### **Applicant Address Information:**

\_\_\_\_\_  
Institution Name

\_\_\_\_\_  
Name: Chief Nursing Academic Administrator Title Highest Degree Earned

\_\_\_\_\_  
Phone Fax Email

\_\_\_\_\_  
School of Nursing Address (including school name)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Web Address Congressional District Number

### **About Your Institution:**

\_\_\_\_\_  
Nursing degrees offered:

Nursing degree type

Conferred by

Baccalaureate: \_\_\_\_\_

\_\_\_\_\_

Graduate: \_\_\_\_\_

\_\_\_\_\_

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

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

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

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

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1) One or more of the nursing programs at the institution is accredited or pursuing accreditation (e.g., by holding new applicant or candidacy status) by the Commission on Collegiate Nursing Education (CCNE) or other U.S. Department of Education-recognized nursing accrediting agency. Documentation must accompany application.

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or

2) a. State Board Approval:  
 Yes    No    Not Applicable

If yes, please indicate name of state board: \_\_\_\_\_

If no, or not applicable, please indicate which stage agency has given permission for your school of nursing: \_\_\_\_\_

b. Institutional Accreditation  
 Yes    No

If yes, please indicate accrediting body:

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

c. The institution will pursue nursing program accreditation for one or more of its nursing programs within three (3) years. Exception would be made if an institution's only nursing degree program is a research doctorate.

We agree to pursue accreditation within the next three (3) years.  
 Yes    No

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form and requested supporting materials to:

**AACN**  
**Attn: Membership Department**  
**655 K Street, NW, Suite 750**  
**Washington, DC 20001**  
**Telephone (202) 463-6930**

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